



Town of Arlington Board of Selectmen

Meeting Agenda

June 5, 2017

6:30 PM

Selectmen's Chambers, Town Hall, 2nd Floor

1. Girl Scout Presentation on Traffic Safety to Earn Bronze Award
Avon Lewis and 5th Grade Girl Scout Troop
2. Presentation of Grant Award - Wheelabrator Grant to Food Link
John Farese, Wheelabrator Technologies
DeAnne Dupont, Food Link

FOR APPROVAL

3. For Approval: Annual 5K Race, September 10, 2017
Susan Carp, Executive Director, Arlington Council on Aging
Health and Human Services Charitable Corporation

CONSENT AGENDA

4. Minutes of Meetings: May 15, 2017
5. REAPPOINTMENTS (terms to expire 6/30/2020)

Board of Human Resources

Cynthia Gallagher

Julie McKenzie

Board of Library Trustees

Katharine Fennelly

Cemetery Commission

Brian Hasbrouck

Commission on Disabilities

Liza Molina

Community Preservation Committee

Andrew Bengston

Eric Helmuth

Conservation Commission (Associate Member)

Catherine Garnett

Conservation Commission

Susan Chapnick

Constable

Tina M. Helton

Council on Aging

Noreen Murphy

Paul Raia
James Munsey
Redevelopment Board
Andrew West
Vision 2020 Standing Committee
Annie LaCourt
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6. For Approval: Hackney/Taxi Business Operator's Permit Renewals
Boston Airport Express, Shafan Nath
7. Request: Contractor/Drainlayer License
StrongBack Systems, Nutting Lake, MA
8. Request: Special (One Day) Beer & Wine License, 6/10/17 @ Whittemore Robbins House for a Private Event
Courtney Chrysanthopoulos
9. Request: Special (One Day) All Alcohol License, 6/11/17 @ Whittemore Robbins House for a Private Event
Tulasi Srinivas
10. Request: Special (One Day) Beer & Wine License, 6/17/17 @ Whittemore Robbins House for a Private Event
Elise Ratchford/Robert Mulhausen
11. Appointment of New Election Workers: (1) Sheryl Emerson, 205 Spring Street, U, Precinct 8

APPOINTMENTS

12. Arlington Historic District Commissions (Realtor)
Nellie Aikenhead (term to expire 6/30/2020)

LICENSES & PERMITS

13. Request: Common Victualler and All Alcohol Licenses Transfer
Jimmy's Steer House, 1111 Massachusetts Ave., Antonios P. Karapatsas
14. Verizon Cable Franchise License Amendment
Adam W. Chapdelaine, Town Manager

TRAFFIC RULES & ORDERS / OTHER BUSINESS

15. Approval: Letter of Support for Bus Rapid Transit Grant
Adam W. Chapdelaine, Town Manager
16. Discussion: Future BoS Meetings

NEW BUSINESS

EXECUTIVE SESSION

Next Scheduled Meeting of BoS June 19, 2017.



Town of Arlington, Massachusetts

Girl Scout Presentation on Traffic Safety to Earn Bronze Award

Summary:

Avon Lewis and 5th Grade Girl Scout Troop

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Girl_Scouts.pdf	Reference

1. Summary

a. data

- i. We counted 9524 cars over 9 hours of observations between 5:30 and 7:30 in three different intersections (Six Way on Park Ave, Park and Summer, Summer and Brattle)
- ii. We observed a total of 3360 cars on Park Ave
- iii. We observed a total of 3982 cars on Summer St
- iv. We observed a total of 577 cars on Brattle St
- v. We observed a total of 1605 cars on other streets
- vi. 277 pedestrians
- vii. 48 cyclists
- viii. We observed 1159 incidences of cars running a stop sign, red light, or not stopping at the stop line (that is about 12% of the cars we observed)
- ix. We observed 189 incidences of unsafe speed (that is about 2% of the cars we observed). When traffic was lighter, cars were more likely to be driving too fast
- x. We observed 120 incidences of cars blocking the intersections

b. Recommendations

- i. Add speed bumps/raised intersection
- ii. Add traffic cameras or a light
- iii. Police man/enforcement
- iv. Cross walks should be further away from stop lines so that the cars don't wind up in the crosswalk.
- v. Stop lines need to be repainted
- vi. Add blinking sign - speed meters that tell people how fast they are going
- vii. School zone signs on Summer near Pierce

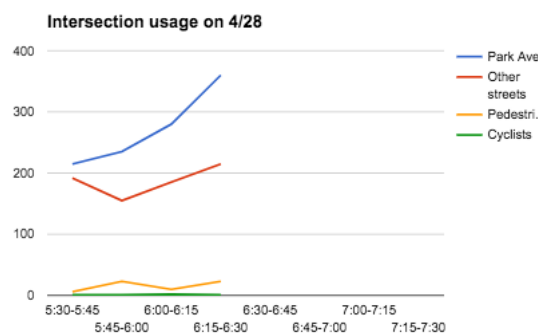
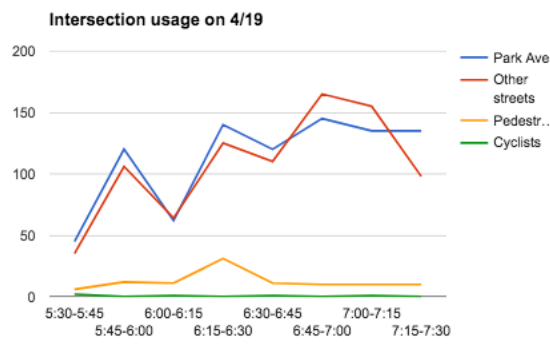
2. Six Way

a. Information

- Average park ave cars is 166 cars in 15 minutes (about 11 a minute)
- Average other streets 134 in 15 minutes (about 9 a minute)
- Average pedestrian 14 in 15 minutes (about 1 a minute!)
- Average cyclists 1 in 15 minutes
- Biggest issue is running stop signs maybe can't see the stop line (about 75 instances in 15 minutes, or about 5 times per minute)
- Second biggest intersection is blocking intersection (about 7 incidences in 15 minutes, or once every other minute.)

b. Ideas

- Add speed bumps
- Add cameras or a light
- Police man/enforcement
- Cross walks should be further away from stop lines so that the cars don't wind up in the crosswalk.
- Stop lines need to be repainted



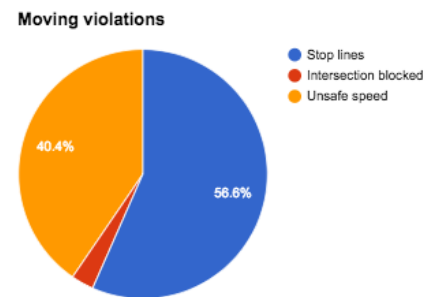
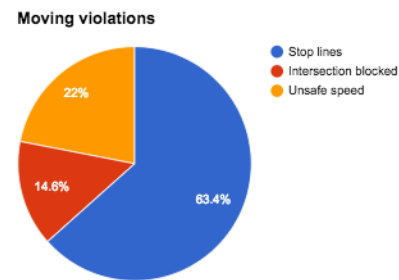
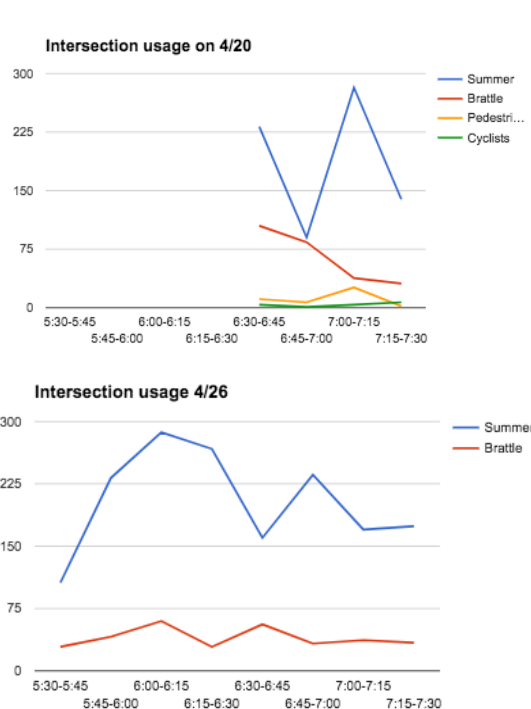
3. Summer and Brattle

a. Information

- i. Average Summer 200 cars in 15 minutes (13 cars per minute)
- ii. Average Brattle 48 cars in 15 minutes (3 cars per minute)
- iii. Average 6 pedestrians in 15 minute and 2 cyclists
- iv. Average 8 cars over the stop line in 15 minutes
- v. Average 5 cars unsafe speed in 15 minutes
- vi. Cars are not stopping on stop lines, and at stop light
- vii. Unsafe speed is second biggest problem
- viii. Summer has the most cars
- ix. Very few cyclists and pedestrians
- x. Unsafe speeds more common when the traffic was less heavy

b. Ideas

- i. Traffic camera
- ii. Special stop lights that can sense the cars – on demand stop lights
- iii. Police man/enforcement
- iv. Add blinking sign - speed meters that tell people how fast they are going
- v. Pedestrian in no gear
- vi. Stop lines need to be repainted



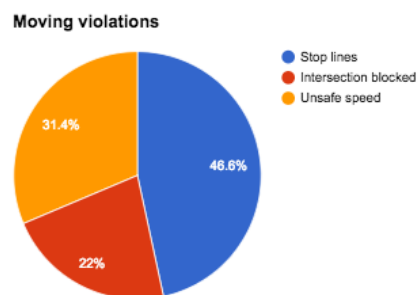
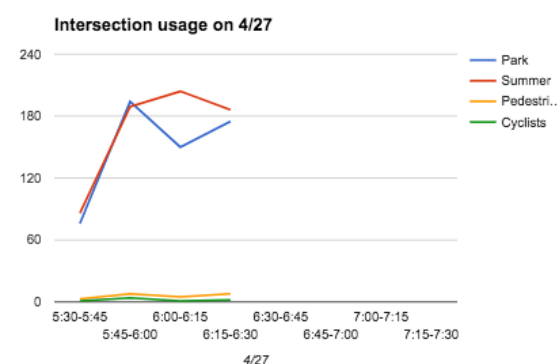
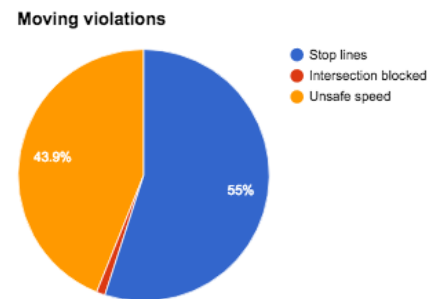
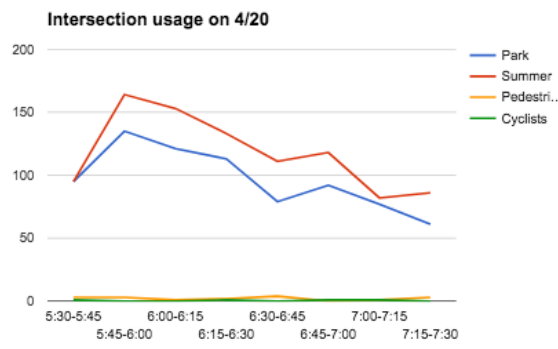
4. Summer and Park

a. Information

- Average number of cars on summer 134 in 15 minutes (about 9 per minute)
- Average number of cars on Park 114 in 15 minutes (about 7 per minute)
- 3 people per 15 min and 1 cyclists
- average number of unsafe speed in 15 min is 10 (One every minute and a half)
- Average number of cars over the stop line 12 in 15 min
- Unsafe speeds more common when the traffic was less heavy

b. Ideas

- Traffic cameras
- Add blinking sign - speed meters that tell people how fast they are going
- Stop lines should be painted bright color (maybe glowing)
- Speed bumps/raised intersection
- School zone
- Enforcement
- School zone signs on Summer





Town of Arlington, Massachusetts

Presentation of Grant Award - Wheelabrator Grant to Food Link

Summary:

John Farese, Wheelabrator Technologies

DeAnne Dupont, Food Link



Town of Arlington, Massachusetts

For Approval: Annual 5K Race, September 10, 2017

Summary:

Susan Carp, Executive Director, Arlington Council on Aging
Health and Human Services Charitable Corporation

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Council_on_Aging_5K.pdf	Request from Council on Aging



COUNCIL ON AGING
TOWN OF ARLINGTON
27 MAPLE STREET
ARLINGTON, MASSACHUSETTS 02476-4909
(781) 316-3400 fax (781) 316-3409



April 30, 2017

To the Arlington Board of Selectmen
Town Hall, Massachusetts Avenue
Arlington, MA 02476

Dear Board of Selectmen:

The Council on Aging (ACOA), working with the Health and Human Services Charitable Corporation seeks approval and support from the Town of Arlington to host the annual 5k Race to help fund programs/services under the guidance of the ACOA. This race is slated for Sunday, September 10, 2017. The official start time will be at 10:00 AM in front of Town Hall with closing ceremonies and celebrations to end no later than 1PM in front of the Senior Center located at 27 Maple Street.

During the race, certain sections of the roadway will need to be narrowed and/or restricted and we will work with the Arlington Police Department to work out the details. The race course will be the same as in previous years.

Thank you for your continued support,

Susan R. Carp, MS
Executive Director

The 5k Community Race to benefit the program and services of the Arlington Council on Aging is slated for Sunday, September 10, 2017.

The 5k Race is "USATF Certified"

It is Electronic Bib-Tag Timed

Race will be held rain or shine

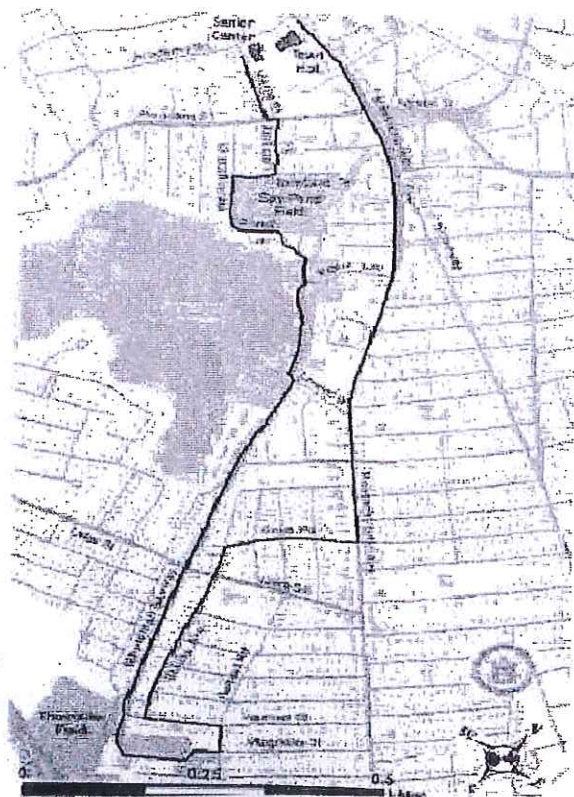
Age divisions from youth to senior citizens

Race Course and Directions to follow:

Starting from Town Hall on Massachusetts Ave

1. Head east on Massachusetts Ave toward Court Street
2. Turn right on Orvis Road
3. Turn left at Brooks Ave
4. Turn left at Varnum
5. Turn right at Herbert Rd.
6. To Magnolia Park across from Magnolia Street
7. Follow Bike Path to Pond Lane cut off
8. Head Northwest on Pond Lane toward Pond Terrace
9. Take the 2nd right onto Lombard Terrace
10. Take the 1st left onto Lombard Road
11. Turn left at Pleasant Street
12. Take the 1st right onto Maple Street

Arrive at Maple Street Finish





Town of Arlington, Massachusetts

Minutes of Meetings: May 15, 2017

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	5.15.17_draft_minutes.docx	draft minutes 5.15.17

TOWN OF ARLINGTON
BOARD OF SELECTMEN

Meeting Minutes
Monday, May 15, 2017
7:15 PM

Present: Mr. Byrne, Vice Chair, Mr. Greeley, Mrs. Mahon, and Mr. Dunn
Also Present: Mr. Chapdelaine, Mr. Heim and Mrs. Krepelka
Absent: Mr. Curro, Chair

PROCLAMATIONS

1. Purple Heart Designation and Dedication
 - a) Declaring Arlington as a "Purple Heart Community"
 - b) Designating Massachusetts Avenue as Arlington's "Purple Heart Avenue"Jeffrey Chunglo, Director of Veteran's Services
The Arlington Veterans Council

Mr. Jeffrey Chunglo, Director of Veteran's Services and the Arlington Veterans Council appeared before the Board for a special dedication. Mr. Byrne read a Proclamation proclaiming the Town of Arlington a Purple Heart Community and designating Massachusetts Avenue as its honorary Purple Heart Avenue. The Board encourages all residents to show their appreciation for the sacrifices that our Purple Heart recipients have made in defending our freedoms, to acknowledge their courage, and to show them the honor and support they have earned.

Mrs. Mahon moved to designate Massachusetts Avenue as its honorary Purple Heart Avenue.

SO VOTED (4-0)

CONSENT AGENDA

2. Minutes of Meetings: May 8, 2017
3. Request: Annual Greek Festival, June 1, 2017 - June 4, 2017
Rev. Dr. Nicholas M. Kastanas, Pastor, St. Athanasius the Great, 4 Appleton Street
Constandinos Ioakimidis, President, Parish Council
 - a) 4-Day Special (One Day) Beer & Wine License
 - b) "One Way" designation of Appleton Place (between Mass. Ave. & Burton St.)
 - c) Acton Place - street closing
4. For Approval: Hackney/Taxi Business Operator's Permit Renewals
Arlmont Taxi, Louis Truscello
Arlington Veteran's Taxi, Thomas Whelan, Jr.
Boston Airport Express, Shafan Nath
Boston Ride, Abdullahi Magan
Leo's Taxi Service, Leo McHugh
V.T.S. Taxi, Michael Antonellis

5. For Approval: Wine & Malt License Revision
Christopher Furlong & Anka Bric, 315 Broadway, Twyrl
(Approved 4/24/17)
6. For Approval: Sidewalk Cafe Permit Renewal
ZA Restaurant, 138 Mass. Ave., Jeff Broadman
7. For Approval: Change of Manager-All Alcohol License
Lauren Dexter, 645 Massachusetts Avenue, Not Your Average Joe's
8. For Approval: 4th Annual Celebrate! 5K Fun Run/Walk, June 10, 2017
Arlington High School Girls' and Boys' Cross Country Teams
9. Request: Change of Date, AHS Ice Cream Fundraiser for Dana-Farber Cancer Institute,
from May 20 to May 27, Jefferson Cutter House Lawn
Tarangana Thapa, Patrick O'Toole, Jeremiah Jacob Dolan
The AHS Scoops Club
10. For Approval: KENO To Go Monitor
Broadway Market, 94-96 Broadway
11. Request: Special (One Day) Beer & Wine License, 5/27/17 @ Robbins Memorial Town
Hall for a Private Event
Whitney DeVito/John Bowler
12. Request: Special (One Day) Beer & Wine License, 5/27/17 @ Whittemore Robbins
House for a Private Event
Monica Connarton
13. Request: Special (One Day) Beer & Wine License, 5/28/17 @ Robbins Memorial Town
Hall for a Private Event
Greg and Heidi Turner
14. Request: Special (One Day) All Alcohol License, 5/28/17 @ Whittemore Robbins House
for a Private Event
Eric Larson
15. Request: Special (One Day) Beer & Wine License, 6/3/17 @ Robbins Memorial Town
Hall for a Private Event
Amy Rosenthal
16. Request: Special (One Day) Beer & Wine License, 6/3/17 @ Whittemore Robbins House
for a Private Party
Sarah Wald

17. Request: Special (One Day) Beer & Wine License, 6/4/17 @ Whittemore Robbins House
for a Private Event
Marilyn Zuckerman
18. Request: Special (One Day) Beer & Wine License, 7/15/17 @ Robbins Memorial Town
Hall for a Private Event
Erika Olsen
- Mr. Greeley moved approval subject to all conditions as set forth. SO VOTED (4-0)

APPOINTMENTS

19. Arlington Bicycle Advisory Committee, Executive Board
Elizabeth Shea (term to expire 5/31/2020)
- Mr. Dunn moved approval. SO VOTED (4-0)
20. Board of Youth Services
Lori Pescatore (term to expire 1/31/2020)
- Mrs. Mahon moved approval. SO VOTED (4-0)

LICENSES & PERMITS

21. For Approval: Food Vendor License
Mamadou's Artisan Bakery, 677 Massachusetts Avenue
Mame Diouf & Mamadou Mbaye
- Mrs. Mahon moved approval. SO VOTED (4-0)

CITIZENS OPEN FORUM – SIGN IN PRIOR TO BEGINNING OF OPEN FORUM

Except in unusual circumstances, any matter presented for consideration of the Board shall neither be acted upon, nor a decision made the night of the presentation in accordance with the policy under which the Open Forum was established. It should be noted that there is a three minute time except in unusual circumstances.

No matters were presented for the Board's consideration.

TRAFFIC RULES & ORDERS / OTHER BUSINESS

22. For Approval: Placement of 'Relay for Life' Lawn Signs, 5/17/17 - 6/12/17
Kimberly Van Winkle, Relay for Life, Arlington
- Ms. Van Winkle appeared before the Board requesting permission to place lawn signs promoting the 17th Annual Relay for Life Event. Ms. Van Winkle invited the Board and all residents to participate in the opening exercises which start at 9:00 p.m.
- Mrs. Mahon moved approval. SO VOTED (4-0)

23. For Approval: Two Sandwich Boards, 6/2 - 6/9, for Give Back Time's 'A Taste for Giving' Jared Blake, Founder/CEO, Give Back Time, Inc.
Mr. Blake stated the event will help to raise funds for the continued development of community outreach and programming. A Taste for Giving, Wine Tasting and Silent Auction will be held at the Sons of Italy on Friday evening, June 9th.
Mr. Greeley moved approval. SO VOTED (4-0)
24. For Approval: 19th Annual Feast of the East, June 17
Jan Whitted, Capitol Square Business Association
Feast of the East features food, music, and family entertainment along Mass. Avenue for several blocks in East Arlington.
Mrs. Mahon moved approval subject to all conditions as set forth. SO VOTED (4-0)
25. For Approval: Arlington Alive Summer Arts Block Party, Saturday, June 24, 2017, 11:00 a.m. - 4:00 p.m.
a) Restrictions and street closure from 9:00 a.m. to 6:00 p.m. on Broadway @ Massachusetts Avenue, Broadway @ Alton Street, and Broadway before the Central Fire Station;
b) Performances and booths on Broadway Plaza;
c) No parking at spaces on Broadway in front of the Veterans' Memorial starting at 8:00 a.m.;
d) Temporary bus stop to be located on the Massachusetts Avenue side of the Veterans' Memorial (length of three on-street parking spaces);
e) Hanging of twelve pole banners in Arlington Center;
f) Suspension of parking fees in the Russell Common Lot during event.
Tom Davison, Arlington Committee on Tourism and Economic Development
Marga Varea, Manager, Arlington Alive Summer Arts Block Party
Ms. Marga Varea stated this event showcases the rich cultural fabric of Arlington and invites attendees to learn about and visit the shops of our vibrant business community.
Mr. Greeley moved approval subject to all conditions as set forth. SO VOTED (4-0)
26. Endorsement of Community Choice Aggregation Contract Execution Parameters
Adam W. Chapdelaine, Town Manager
Mr. Chapdelaine stated that the 2016 Annual Town Meeting took the necessary action to begin the process of Arlington engaging in Community Choice Aggregation for electricity procurement. Following the approval of Town Meeting, the Board approved an aggregation plan for the Town, which was sent to the Commonwealth's Division of Energy Resources (DOER) for review and approval and then ultimately to the Commonwealth's Department of Public Utilities (DPU) for review and final approval. The Town received the final approval of its aggregation plan from the DPU on April 14, 2017. This approval has allowed the Town to move forward with procurement in cooperation with Good Energy, the electricity broker which was selected as part of a regional procurement effort coordinated by the Metropolitan Area Planning Council (MAPC). The current schedule aims to solicit pricing on May 16, 2017, in order to begin the aggregation on July 1, 2017. This schedule is formed around our expectation that Eversource will set their summer rate by the May 16th bid date.

As part of the presentation to both the Board and Town Meeting last year, Mr. Chapdelaine committed to having the Board endorse parameters by which we would enter into an electricity supply contract. Based upon these goals, and also the guidance of Good Energy in relation to the current energy markets, the Manager requested endorsement of the following parameters:

A contract will only be executed if the basic price is lower than the Eversource summer rate.

1. Arlington's aggregation plan will default all ratepayers into a plan which contains 5% more renewable energy credits than what is provided by Eversource. Though we are hoping that default rate is lower than the Eversource rate, it may be equal or slightly higher, All ratepayers will be able to either opt-in to the basic rate or opt-out of the program entirely. The overall goal is to lower cost and provide stability over the course of the contract, as opposed to be subjected to the biennial rate setting of Eversource.
2. The contract term will not exceed 30 months, but a contract will be selected based upon the duration (30 months or less) that best projects to save residents money over the course of the contract.

Me. Chapdelaine stated the Town plans to launch a large-scale marketing campaign to make residents aware of all of the options.

Mr. Byrne stated he feels this is an important step we are taking on a local level that will have an impact beyond Arlington's borders.

Mr. Greeley moved approval.

SO VOTED (4-0)

CORRESPONDENCE RECEIVED

Request Two Stop Signs at Intersection of Mary Street and Burch Street

William J. Logan, Esq., 5 Mary Street via Request/Answer Center

Mr. Dunn moved that Mr. Logan's request be referred to the Town Manager for review and recommendation.

SO VOTED (4-0)

Mr. Greeley moved receipt of Correspondence Received.

SO VOTED (4-0)

NEW BUSINESS

Town Manager Chapdelaine reported that the Planning Department and CPA Committee received a grant for the Spy Pond Erosion Control Project in the amount of \$49,760.

Mr. Chapdelaine presented to the Selectmen the idea of submitting an application and letter of interest for the Boston BRT Pilot Program. This program would be in the interest of improving transit service along the MBTA Route #77 bus line. He will work with the Chairman Curro regarding this matter.

Mr. Chapdelaine stated that the Planning Department will be applying for the Municipal Vulnerability Preparedness Grant Program. If selected it will award funding to complete vulnerability assessments and develop action-oriented resiliency plans.

Mr. Greeley congratulated Richard Viscay, Comptroller, for his recent Certificate of Achievement in Financial Reporting. The Certificate of Achievement is the highest form of recognition in government accounting and financial reporting, and is a significant accomplishment.

After some discussion between the Town Manager, Mrs. Mahon, Mr. Dunn and Mr. Greeley regarding the Override and Debt Exclusion, the Selectmen agreed to address this issue at a future Selectmen's Meeting with the Finance Committee, Long Range Planning Committee and the Budget Revenue Committee.

Mr. Byrne stated he attended the Arlington Community Development Day at the Arlington Boys & Girls Club on Wednesday, April 19th. The event was being held to thank its partners and highlight the important work funded by the Community Development Block Grant Program. Mr. Byrne stated the Town of Arlington is happy to be able to support the programs at the local level that help make America great. Mr. Byrne stated Senator Edward Markey, State Representatives David Rogers and Sean Garballey and School Committee Member William Hayner joined Town Officials. Mr. Byrne also thanked Julie Wayman, CDBG Administrator, Town of Arlington, for coordinating this event.

Mrs. Mahon moved to adjourn at 8:40 p.m.

Next Scheduled Meeting of BoS June 5, 2017.

A true record attest:

Marie A. Krepelka
Board Administrator

5-15-17

Agenda Item	Documents Used
1	Purple Heart Designation and Proclamation
2	Minutes of Meetings May 8, 2017
3	Greek Festival Request from St. Athanasius; Special Beer and Wine Application June 1 - June 4, 2017
4	Hackney/Taxi Business Operator's Permit Renewals
5	Wine & Malt License Revision, Twyrl, 315 Broadway
6	Sidewalk Café Permit Renewal/ ZA Restaurant, 138 Mass. Ave.
7	Change of Manager – All Alcohol License Application / Not Your Average Joes 645 Mass. Avenue
8	4 th Annual Celebrate 5K Fun Run/Walk Cross Country Letter of Request June 10, 2017
9	AHS Scooper Bowl Letter of Request
10	Request from Mass. State Lottery Commission / Keno To Go Monitor Broadway Market, 94-96 Broadway
11	DeVito/ Bowler - Special Beer and Wine Application 5-27-17
12	Connarton - Special Beer and Wine Application Packet 5-27-17
13	Turner – Special Beer and Wine Application Packet 5-28-17
14	Larson – Special Alcohol License Application Packet 5-28-17
15	Rosenthal – Special Beer and Wine Application Packet 6-3-17
16	Wald – Special Beer and Wine Application Packet 6-3-17
17	Zuckerman – Special Beer and Wine Application Packet 6-4-17
18	Olsen – Special Beer and Wine Application Packet 7-15-17
19	ABAC Recommendation, Elizabeth Shea - term expires 5-31-2020
20	Board of Youth Services - Lori Pescatore = term expires 1-31-2020
21	Food Vendor License / Mamadou's Artisan Bakery, 677 Mass. Avenue
22	Letter of Request / Lawn Signs / Relay for Life 5-17-17-6-12-17
23	Request Two Sandwich Boards / GiveBackTime - 6-2- 6-9,2017
24	Police Recommendations / Request from Capitol Square Business Association – Feast of the East- June 17, 2017
25	Endorsement of Community Choice Aggregation Contract Execution Parameters, Adam W. Chapdelaine, Town Manager
26	Correspondence from Mr. Logan / Two Stop Signs at Mary and Burch Street



Town of Arlington, Massachusetts

REAPPOINTMENTS (terms to expire 6/30/2020)

Summary:

Board of Human Resources

Cynthia Gallagher

Julie McKenzie

Board of Library Trustees

Katharine Fennelly

Cemetery Commission

Brian Hasbrouck

Commission on Disabilities

Liza Molina

Community Preservation Committee

Andrew Bengston

Eric Helmuth

Conservation Commission (Associate Member)

Catherine Garnett

Conservation Commission

Susan Chapnick

Constable

Tina M. Helton

Council on Aging

Noreen Murphy

Paul Raia

James Munsey

Redevelopment Board

Andrew West

Vision 2020 Standing Committee

Annie LaCourt

-

ATTACHMENTS:

Type	File Name	Description
□ Reference Material	Reappointments.pdf	Reference



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Human Resource Board

This memo is to request the Board's approval of my reappointment of Cynthia Gallagher, 29 Fessenden Road, having a term expiration date of 6/30/2020 on the Human Resource Board.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Cynthia Gallagher
29 Fessenden Road
Arlington, MA 02476

Re: Reappointment: Board of Human Resources

Dear Ms. Gallagher:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka
Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Human Resource Board

This memo is to request the Board's approval of my reappointment of Julie McKenzie, 26 Elmhurst Road, having a term expiration date of 6/30/2020 on the Human Resource Board.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Julie McKenzie
26 Elmhurst Road
Arlington, MA 02474

Re: Reappointment: Board of Human Resources

Dear Ms. McKenzie:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Library Board of Trustees

This memo is to request the Board's approval of my reappointment of Katharine Fennelly, 97 Gray Street, having a term expiration date of 6/30/2020 on the Library Board of Trustees.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Katharine Fennelly
97 Gray Street
Arlington, MA 02476

Re: Reappointment: Board of Library Trustees

Dear Ms. Fennelly:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Cemetery Commission

This memo is to request the Board's approval of my reappointment of Brian Hasbrouck, 46 Sherborn Street, having a term expiration date of 6/30/2020 with the Cemetery Commission.

A handwritten signature in cursive script that reads "Adam Chapdelaine".
Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



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781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Brian Hasbrouck
46 Sherborn Street
Arlington, MA 02474

Re: Reappointment: Cemetery Commission

Dear Mr. Hasbrouck:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Commission on Disabilities

This memo is to request the Board's approval of my reappointment of Liza Molina, 34 Hamilton Road, #307, having a term expiration date of 6/30/2020 with the Commission on Disabilities.

A handwritten signature in cursive script that reads "Adam W. Chapdelaine".
Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



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781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Liza Molina
34 Hamilton Road, #307
Arlington, MA 02474

Re: Reappointment: Commission on Disabilities

Dear Ms. Molina:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Community Preservation Committee

This memo is to request the Board's approval of my reappointment of Andrew Bengston, 15 Allen Street, #1, having a term expiration date of 6/30/2020 on the Community Preservation Committee.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Andrew Bengston
15 Allen Street #1
Arlington, MA 02474

Re: Reappointment: Community Preservation Committee

Dear Mr. Bengston:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Community Preservation Committee

This memo is to request the Board's approval of my reappointment of Eric Helmuth, 33 Grandview Road, having a term expiration date of 6/30/2020 on the Community Preservation Committee.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
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DANIEL J. DUNN



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781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Eric Helmuth
33 Grandview Road
Arlington, MA 02476

Re: Reappointment: Community Preservation Committee

Dear Mr. Helmuth:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Conservation Commission

This memo is to request the Board's approval of my reappointment of Catherine Garnett, 263 Washington Street, having a term expiration date of 6/30/2020 as an Associate on Conservation Commission.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
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781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Catherine Garnett
263 Washington Street
Arlington, MA 02474

Re: Reappointment: Conservation Commission (Associate Member)

Dear Ms. Garnett:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Conservation Commission

This memo is to request the Board's approval of my reappointment of Susan Chapnick, 2 Farmers Circle, having a term expiration date of 6/30/2020 on the Conservation Commission.

A handwritten signature in cursive script that reads "Adam W. Chapdelaine".
Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
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DANIEL J. DUNN



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781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Susan Chapnick
2 Farmers Circle
Arlington, MA 02474

Re: Reappointment: Conservation Commission

Dear Ms. Chapnick:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

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Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Constables

This memo is to request the Board's approval of my reappointment of Tina M. Helton, 4 Daniels Street, Apt. 2, having a term expiration date of 6/30/2020 on the Constables.

Adam Chapdelaine
Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
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TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Tina M. Helton
4 Daniels Street Apt. 2
Arlington, MA 02476

Re: Reappointment: Constable

Dear Ms. Helton:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka
Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Council on Aging

This memo is to request the Board's approval of my reappointment of Noreen Murphy, 49 Sherborn Street, having a term expiration date of 6/30/2020 on the Council on Aging.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



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781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Noreen Murphy
49 Sherborn Street
Arlington, MA 02474

Re: Reappointment: Council on Aging

Dear Ms. Murphy:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Council on Aging

This memo is to request the Board's approval of my reappointment of Paul Raia, 44 Columbia Road, having a term expiration date of 6/30/2020 on the Council on Aging.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Paul Raia
44 Columbia Road
Arlington, MA 02474

Re: Reappointment: Council on Aging

Dear Mr. Raia:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Council on Aging

This memo is to request the Board's approval of my reappointment of James Munsey, 215 Mass. Ave., Unit 25, having a term expiration date of 6/30/2020 on the Council on Aging.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

James Munsey
215 Mass. Ave. Unit 25
Arlington, MA 02474

Re: Reappointment: Council on Aging

Dear Mr. Munsey:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Redevelopment Board

This memo is to request the Board's approval of my reappointment of Andrew West, 5 Lincoln Street, having a term expiration date of 6/30/2020 with the Redevelopment Board.

A handwritten signature in cursive script, reading "Adam W. Chapdelaine".
Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Andrew West
5 Lincoln Street
Arlington, MA 02476

Re: Reappointment: Redevelopment Board

Dear Mr. West:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

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Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 31, 2017

TO: Board Members

SUBJECT: Reappointment to the Vision 2020 Standing Committee

This memo is to request the Board's approval of my reappointment of Annie LaCourt, 48 Chatham Street, having a term expiration date of 6/30/2020 on the Vision 2020 Standing Committee.


Town Manager

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



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781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 24, 2017

Annie LaCourt
48 Chatham Street
Arlington, MA 02474

Re: Reappointment: Vision 2020 Standing Committee

Dear Ms. LaCourt:

Please be advised that the Board of Selectmen will be discussing your reappointment to the above-named at their meeting to be held on Monday, June 5th at 6:30 p.m. in the Selectmen's Chambers, Town Hall, 2nd Floor. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington, Massachusetts

For Approval: Hackney/Taxi Business Operator's Permit Renewals

Summary:

Boston Airport Express, Shafan Nath

ATTACHMENTS:

	Type	File Name	Description
▣	Reference Material	2017_LICENSE_INFO-ref_material_.docx	renewal info
▣	Reference Material	J.Carabello_Report_#2.docx	inspection info

2017 HACKNEY/TAXI BUSINESS OPERATOR'S PERMIT RENEWALS

2017 LICENSES - HACKNEY CARRIAGE & PUBLIC AUTOMOBILE				
NAME	COLOR	OWNER	#	ADDRESS
*Dave's Auto/Arlex Yellow Cab renewal(2):4/22/13(2)=(4)	Yellow/blk. letters	David M. Lucker	471	Russell St, Woburn 01801
Arlington Veteran's Taxi 9/10/12 (1) & 1 renewal=(2)	Blue/white letters	Thomas Whelan	29	Fairmont St., Arlington 02474
Arlmont Transportation Co. (13)	Yellow or white/ red letters	Louis(Rick)Truscello	61R	White Street Belmont,MA 02478
Boston Airport Express 4/22/13 (1)	Gray/blue letters	Shafan Nath	402	Rindge St. 12H, Cambridge MA
Boston Ride 1/7/13 (5)	White Silver/blue letter	Abdullahi Magan	18	Holten St. W. Medford 02155
Leo's Taxi renewal =(1)	Yellow/blk letter	Leo McHugh	10	Jackson Rd, Medford 02155
*Limolex.com/The Good Taxi 9/10/12(1):1/7/13(2):4/22/13(1) = (4)	Gray/blk lettering	Daniel Kalantar	20	Sycamore Ave., Medford 02155
VTs 12/3/12 (2)	White/maroon let	Mike Antonellis	224	Calvery St. Waltham 02453
*Yellow Cab Arlex renewal (6)	Yellow/blk. letters With circle picture	Ronald Bonney, Jr	640	Boston Ave, Medford 02144

*: These companies are in process of submitting completed applications and will be on the 6/5/17 BoS Meeting.

HACKNEY RENEWAL INSPECTIONS

2016 Arlington WM						
Date Inspected	Name of Business	Address	Phone	Date Sealed	Taxi	Comments
12/22/16	Magan Trans, Arlington Green Cab	18 Holton St., Medford,	617-869-8019	12/22/2016	4	201,202,203,204,205,206
12/28/16	Arlington Yellow Cab Ron Bonnie	397 Main St, Medford, MA 02144	(781) 643-1200	12/28/2016	4	Cab #s 20,21,22,24,25
12/28/16	The Good Taxi	Dan	(617) 823-2161	12/28/2016	3	Cab1,3,4
12/21/16	Arlington Vet Taxi	29 Fairmont St	(781) 646-0088	12/21/2016	2	
12/28/16	VTS	224 Calvary St, Waltham	(781) 844-2007	12/28/2016	2	Harrison Trans 781-693-5923 901,902
12/22/16	Boston Airport Express	402 Rindge Ave, Camb Apt 1211	(781) 201-7886	12/22/2016	1	Cab # 4
12/28/16	Leo's Taxi	10 Jackson Rd., Medford, MA 02155	(617) 688-8246	12/28/2016	1	Cab # 37

Joseph P. Carabello
Health Compliance Officer
Sealer of Weights and Measures
Town of Arlington
27 Maple Street
Arlington, MA 02476
781-316-3170
Fax 781-316-3175

PLEASE NOTE:

- Arlex Yellow Cab/Dave Lucker and Arlmont Taxi/Louis Truscello are in process of scheduling for an inspection with Joe Carabello.
- Arlex Yellow Cab/Dave Lucker; Limolex/Dan Kalantar; Yellow Cab Arlex/Ron Bonney are in process of submitting completed applications.



Town of Arlington, Massachusetts

Request: Contractor/Drainlayer License

Summary:

StrongBack Systems, Nutting Lake, MA

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	StrongBack_Systems_contractor.pdf	Engineering recommendation, Town application, Meeting notice



Engineering Division

TOWN OF ARLINGTON
Department of Public Works
51 Grove Street
Arlington, Massachusetts 02476
Office (781) 316-3320 Fax (781) 316-3281

RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA 02476
2017 MAY 30 PM 12:52

MEMORANDUM

To: Board of Selectmen
From: Engineering Division
Re: Approved Contractor License
Date: May 26, 2017

Dear Board Members,

Reference is hereby made to an application by Gregory Gullage Jr. of StrongBack Systems, to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

StrongBack Systems
P.O. Box 422
Nutting Lake, MA 01821
Phone: 978-327-9883
Email: strongbacksystems1@gmail.com

Upon review of the provided references supplied by the contractor, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Joseph Szafarowicz
Civil Engineer, Arlington Engineering Division

CC: File



TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Board of Selectmen. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3386.

Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

☒ Water ☒ Sanitary Sewer ☒ Stormwater Drainage ☐ Sewer/Drain Inspection ☒ Driveway Work ☒ Curb/Sidewalk Work

Applicant Information

Applicant/Firm Name: StrongBack Systems

Select One: ☐ Corporation ☐ Partnership ☒ Proprietorship ☐ Other: _____

Street Address: P.O. Box 422 City/Town: Nutting Lake State: MA

Primary Phone: 978 327 9883 E-mail: StrongBackSystems1@gmail

Length of Time in Business under the same Firm Name: 2 yrs.

Full Name(s) of Principal(s): Gregory L. Bullage Jr.

Primary Contact Person: "

Experience/Previous Work

Nature of Typical/Standard Work: Utility work

Have you ever performed this type of work in Arlington: ☒ Yes ☐ No

If Yes, Please provide Location: multiple for E.B. Rotondi + B. Bullage excavating Approximate Date: 2014-present

Total Amount of such construction this year: 6 jobs

Total Amount of such construction last year: 20

Total Amount of such construction next previous year: 57

Municipal References - Please Attach Written Reference Letters

Municipality: Cambridge water department

Primary Contact Name: Phil

Email: 417 438 1784

Municipality: Somerville water department

Primary Contact Name: mark Nolan

Email: mnolan@somervilleMA.gov

Municipality: Billerica Public works

Primary Contact Name: Steven Robertson

Email: srobertson@Town.BillericaMA.us

Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: Hanka @ Cambridge Savings Burlington Phone: 617 441 4207

Federal Tax ID or Social Security

Note to Town Staff: Redact Social Security # before releasing document

Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen and/or Department of Public Works may establish.

Applicant Signature: _____

Date: _____

Reset Form

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 30, 2017

Gregory Gullage Jr.
StrongBack Systems
P.O. Box 422
Nutting Lake, MA 01865

Dear Mr. Gullage:

The Board of Selectmen will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, June 5th in the Selectmen's Chambers, Town Hall, 2nd Floor. The meeting begins at 7:15 p.m. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 6/10/17 @ Whittemore Robbins House for a Private Event

Summary:

Courtney Chrysanthopoulos

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Baptism.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Courtney Chrysanthopoulos

Address, phone & e-mail contact information: 103 Plymstead Rd. Medford,
MA 02155, cgill@forrester.com, 857-366-1919

Name & address of Organization for which license is sought: _____

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☒ No

Name of Responsible Manager of Organization (if different from above):

Nancy Hewitt

Address, phone & e-mail contact information: nancy7hewitt@gmail.com
30 Chandler St. Arlington, MA cell # 508-259-0881

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? NO If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

one-time event

24-Hour contact number for Responsible Manager of Alcohol Event date: _____

Title of Event: Baptism Reception

Date/time of Event: June 10, 2017 / 2pm-6³⁰pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: mail

Number of people expected to attend: 55 adults + 15 children (under 16)

Expected admission/ticket prices: (N/A)

Expected prices for food and beverages (alcoholic and non-alcoholic): (N/A)

Will persons under age 21 be on premises? yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages. TIPS certified bartender will follow rules of certification

Have you consulted with the Department of Police Services about your security plan for the Event?
yes

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Roteau Date 5/31/17
Off. Corey P. Roteau
Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer and wine

What types of food and non-alcoholic beverages do you plan to serve at the Event?

soda water, Appetizers, Greek style chicken w/orzo;
steak w/orzo, chicken tenders; mac + cheese
coffee

Who will be responsible for serving alcoholic beverages at the Event? Bartender from Boston's Best Bartending

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS certification 3.0

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Nancy Hewitt DOB 6/12/1960

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc)

Atlas Liquors
156 Myrtle Ave. Medford, MA

Date of Delivery: June 10, 2017
Alcohol Serving Time (s): 3:45pm - 6pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

unopened will be picked up by Atlas Liquors
and opened will be placed in trunk of clients car

Date of Pick-Up: June 12, 2017

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) Liability insurance + TIPS certificate

**Please submit this completed form and filing fee to the Board of Selectmen
at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.**

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Courtney Chrysanthopoulos

Printed title & Organization name: Baptism Reception

Email: cglik@forrester.com

Courtney Chrysanthopoulos
103 Playstead Road, Medford, MA 02155
857.366.1919

May 24, 2017

SECURITY PLAN for Baptism Reception on June 10 at the Whittemore Robbins House

The event is scheduled for Saturday, June 10 from 2pm-6:30pm at the Whittemore Robbins House. The alcohol service will end 30 minutes before the end of the event.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 70 guests with 15 children under the age of 16.

The menu includes: Mediterranean Platter with Pita Chips; Assorted Cheese and Cracker platter; Mixed Green Salad; Greek Salad; Greek Style Chicken with Orzo; Greek Style Steak with Orzo; Mac & Cheese; Coffee, Soda, Water.

Boston's Best Bartending Service Inc. will provide the bartending staff. The bartender is T.I.P.S certified. All rules regarding alcohol beverage service will be followed as understood from T.I.P.S Certification training by the bartender. Bar service will begin at 3:45pm and end at 6:00pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Nancy Hewitt, bartender from Boston's Best Bartending Service, Inc. will be the responsible manager for this event. Both will be responsible for ensuring that the event runs smoothly.

Please advise if there are other items that we need to consider.



eTiPS On Premise 3.0

CERTIFIED

Issued: 10/01/2016

Expires: 10/01/2019

ID#: 4366169

Nancy Hewitt

30 Chandler St

Arlington, MA 02474-8517 USA

DOB 6/12/1960



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Tarpey Insurance Group 442 Water St PO BOX 567 Wakefield MA 01880-4667	CONTACT NAME: Corinne Rescigno PHONE (A/C, No, Ext): (781) 246-2677 FAX (A/C, No): (781) 224-0973 E-MAIL: corinne@tarpeyinsurance.com ADDRESS:
INSURED Boston's Best Bartending Service, Inc., DBA: 42 Temple Street Newburyport MA 01950	INSURER(S) AFFORDING COVERAGE INSURER A: Mt Vernon Fire Insurance Co INSURER B: Safety Indemnity INSURER C: Travelers AR INSURER D: General Star Indemnity INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 17-18

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CL2701819	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6205807	3/2/2017	3/2/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 Underinsured motorist BI split \$ 20/40
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			XL2557127	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	6KUB0494M44416-AR	10/18/2016	10/18/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	LIQUOR LIABILITY			IMA840615B	09/01/2016	09/01/2017	PER OCCURRENCE 1,000,000 AGGREGATE 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: June 10, 2017

Guests: 85

Additional insured: Town of Arlington

CERTIFICATE HOLDER

CANCELLATION

Whitemore Robbins House
670R Mass Ave
Arlington, MA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rebecca Berube/REBECC

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ACORD 25 (2014/01)

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INS025 (201401)



Town of Arlington, Massachusetts

Request: Special (One Day) All Alcohol License, 6/11/17 @ Whittemore Robbins House for a Private Event

Summary:

Tulasi Srinivas

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	90th_Birthday_Party.pdf	Special Alcohol License Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Tulasi Srinivas

Address, phone & e-mail contact information: 61 Williams St., Arlington, MA;
781-641-4021; tulasisrinivas07@gmail.com

Name & address of Organization for which license is sought: _____

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☒ No

Name of Responsible Manager of Organization (if different from above):
Bobbi Turkington

Address, phone & e-mail contact information: 110 Royal Fern Dr. Lunenburg, MA 01462
978.582.7072; BandB.Bartending@comcast.net

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? NO If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location? NO - one-time event

24-Hour contact number for Responsible Manager of Alcohol Event date: 978.582.7072

Title of Event: 90th Birthday Party

Date/time of Event: June 11, 2017 / 5pm - 11pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: mail

Number of people expected to attend: 110

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? No

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____

Have you consulted with the Department of Police Services about your security plan for the Event?

yes

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Rateau
Printed name/title

Date 5/31/17

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer and wine and margaritas

What types of food and non-alcoholic beverages do you plan to serve at the Event? water, soda, juice, Samosas, Naan, Tostitos, Rice, vegetables

Who will be responsible for serving alcoholic beverages at the Event? Bartenders from B & B Bartending

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

eTips on Premise 2.0

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Ariana Gonsalves DOB 8.10.1987

Barbara Turkington DOB 11.10.1997

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Kappys

Date of Delivery: June 10, 2017
Alcohol Serving Time (s): 6:30pm - 10:00pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

unopened, picked up by Kappys

Date of Pick-Up: June 12, 2017

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) liability insurance and Tips certificate

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: T Srinivas

Printed name: Tulasi Srinivas

Printed title & Organization name: 90th Birthday Party

Email: tulasi.srinivas07@gmail.com

Tulasi Srinivas
61 Williams Street, Arlington, MA
781-641-4821

May 24, 2017

SECURITY PLAN for 90th Birthday Party on June 11 at the Whittemore Robbins House

The event is scheduled for Sunday, June 11 from 6:30pm-10:30pm at the Whittemore Robbins House. The alcohol service will end 30 minutes before the end of the event.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 110 guests with no guests under the age of 21.

The Indian style menu will include four appetizers and a main course with Naan, Samosas, Tosas, Rice, Vegetables, Cake and two other desserts. Beverages will include: Soda, Water, Juice, Beer, Wine and Margheritas.

B&B Bartending will provide the bartending staff. The bartenders are T.I.P.S certified. All rules regarding alcohol beverage service will be followed as understood from T.I.P.S Certification training by the bartenders. Bar service will begin at 6:30pm and end at 10:00pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Barbara Turkington and Ariana Gonsalves, bartenders from B&B Bartending will serve the alcohol. All will be responsible for ensuring that the event runs smoothly.

Please advise if there are other items that we need to consider.

Print

Main Menu

Do not click Back-Space to leave this window

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 2.0
For coursework completed on April 9, 2015
provided by Health Communications, Inc.
is hereby granted to:

Ariana Gonsalves

Certification to be sent to:

126 Endicott St Apt 3
Worcester MA, 01610-1945 USA



HEALTH COMMUNICATIONS, INC.

This document is not proof of eTIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.



[Print](#)[Main Menu](#)

Do not click Back-Space to leave this window

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 2.0
For coursework completed on June 13, 2014
provided by Health Communications, Inc.
is hereby granted to:

Barbara Turkington

Certification to be sent to:

110 Royal Fern Dr
Lunenburg MA, 01462-1185 USA



HEALTH COMMUNICATIONS, INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodcome Insurance Agency, Inc. 166A Hamilton Street Leominster MA 01453		CONTACT NAME: Cheryl A Brogna, CIC PHONE (A/C, No, Ext): (978) 840-8700 E-MAIL ADDRESS: cbrogna@woodcome.com FAX (A/C, No): (978) 840-0440	
INSURED Robert & Barbara Turkington Vaughan DBA: B & B Bartending 110 Royal Fern Dr. Lunenburg MA 01462-1185		INSURER(S) AFFORDING COVERAGE INSURER A: Hospitality Mutual Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2017

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY	X		00079040LL	6/5/2017	6/5/2018	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input checked="" type="checkbox"/> Liquor Liability						MED EXP (Any one person)	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$ 2,000,000	
								PRODUCTS - COMP/OP AGG	\$
									\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB							EACH OCCURRENCE	\$
	EXCESS LIAB							AGGREGATE	\$
	DED								\$
	RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)							E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Town of Arlington is as an additional insured.

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington 730 Massachusetts Ave Arlington, MA 02476	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE C Brogna, CIC/WOOCB1 <i>Cheryl A Brogna</i>



Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 6/17/17 @ Whittemore Robbins House for a Private Event

Summary:

Elise Ratchford/Robert Mulhausen

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	Ratchford_Wedding.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Elise Ratchford & Robert Mulhausen

Address, phone & e-mail contact information: 272 Willow Ave. #1 Somerville, MA,
302.893.0587; elise.ratchford@gmail.com

Name & address of Organization for which license is sought: _____

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☒ No

Name of Responsible Manager of Organization (if different from above):

Kate Economides

Address, phone & e-mail contact information: 47A Woodside Avenue, Winthrop, MA,
Keconomides@comcast.net; 617-680-1932

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? NO If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

NO

24-Hour contact number for Responsible Manager of Alcohol Event date: Kate - 617-680-1932

Title of Event: Wedding Ceremony & Reception

Date/time of Event: June 17, 2017 3:00pm - 11:00pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: _____

Number of people expected to attend: 60

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? yes - 3 guests under 21

If "yes," please detail plan to prevent access of minors to alcoholic beverages. The bartender will follow TIPS certification rules.

Have you consulted with the Department of Police Services about your security plan for the Event?
yes

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

He. Corey P. Rataeau Date 5-31-17
PFC Corey P. Rataeau
Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer and wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? Coffee Bar; water

Sliced Brisket, Pulled pork & chicken; Mac + cheese;
Green Beans, Potato Salad, Cornbread, Watermelon,

Who will be responsible for serving alcoholic beverages at the Event?

Celia Gisone from Blackstrap BBQ

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS certification on Premise 3.0.

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Celia Grison DOB 6/22/1979

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Kappy's

Date of Delivery: June 17, 2017
Alcohol Serving Time (s): 5:30pm - 9:30pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
opened will be placed in trunk of car at end of event and Kappy's will pick up unopened.

Date of Pick-Up: June 19, 2017

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) tips certificate and liability insurance

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Elise Ratchford

Printed title & Organization name: Wedding

Email: elise.ratchford@gmail.com

Elise Ratchford and Robert Mulhausen
272 Willow Avenue #1 Somerville, MA
302.893.0587

May 30, 2017

SECURITY PLAN for Wedding Reception on June 17 at the Whittemore Robbins House

The event is scheduled for Saturday, June 17 from 5:30pm-10:00pm at the Whittemore Robbins House.

The alcohol service will end 30 minutes before the end of the event.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 60 guests with three guests under the age of 21.

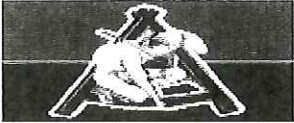
The menu includes: The Tastyplates Farmer's Bar with Heirloom Tomatoes, Vegetables, Fruits, Herbs, Cheese, Spreads and Bread; Texas Sliced Brisket, North Carolina Pulled Pork, Pulled BBQ Chicken, House Smoked Portabella Mushroom, Mac&Cheese, Green Beans, Sweet Potato Salad, Cornbread, Watermelon, Wedding Treats and Coffee Bar, Beer and Wine.

Blackstrap BBQ and Tastyplates Catering will provide the food and the bartending service. The bartender is T.I.P.S certified. All rules regarding alcohol beverage service will be followed as understood from T.I.P.S Certification training by the bartender. Bar service will begin at 5:30pm and end at 9:30pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Kate Economides from Blackstrap BBQ and Tastyplates will be the responsible manager for this event.

Celia Gisone will be the bartender. All will be responsible for ensuring that the event runs smoothly.

Please advise if there are other items that we need to consider.



Vicki Rose <VRose@town.arlington.ma.us>

Fwd: tips cert from kate Economides for 6.17.2017

1 message

Vicki Rose <VRose@town.arlington.ma.us>
To: vrose@arlington.k12.ma.us

Sat, Mar 25, 2017 at 4:58 PM

-----Original Message-----

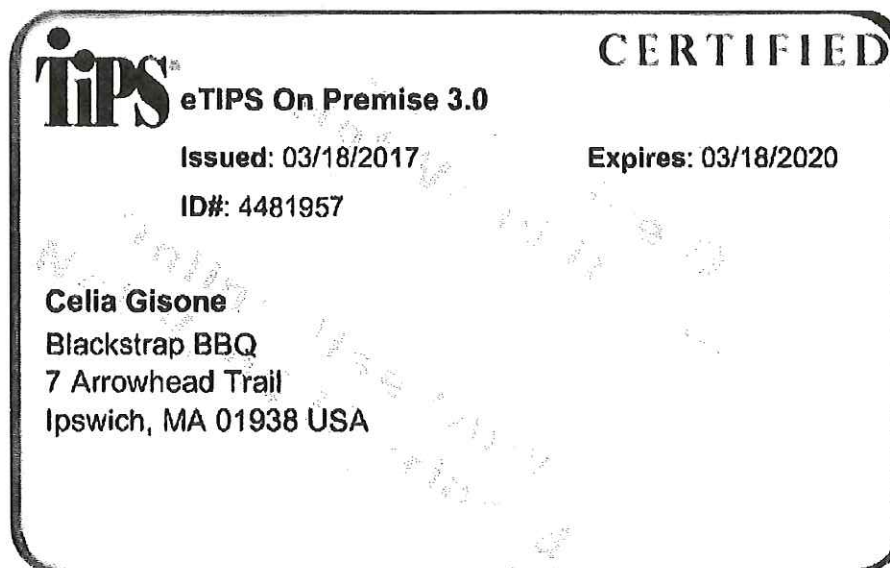
From: KATE ECONOMIDES <keconomides@comcast.net>
To: VRose@town.arlington.ma.us
Date: Thu, 23 Mar 2017 13:23:56 -0400 (EDT)
Subject: tips cert

Here is the tips cert! See you on Saturday at 4pm. Best, Kate

kate perry/ owner of blackstrap bbq & tastypates
catering catering director/ event planner/ restaurant manager/ mom
cell 617-680-1932/ 47a woodside avenue, winthrop, ma 02152
check out blackstrap's facebook page for a ton of wedding photo's
have a great day! Please note that Blackstrap BBQ's catering prices have changed.

----- Original Message -----

From: Cia Gisone <ciagisone@yahoo.com>
To: Kate Economides <keconomides@comcast.net>, Andrea Battista <a-dibattista@hotmail.com>
Date: March 22, 2017 at 6:53 PM
Subject: I did it!



DOB
0/22/-79



STICMOL-01

CONNIE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Elliot Whittier Insurance Services, LLC 75 Sylvan Street Suite B202 Danvers, MA 01923	CONTACT NAME: Connie Parent PHONE (A/C, No, Ext): E-MAIL ADDRESS: cparent@elliottwhittier.com FAX (A/C, No): (978) 977-0850
INSURED Sticky Molasses LLC, dba Black Strap BBQ & The BBQ Twins 47A Woodside Ave & 4 Somerset Ave Winthrop, MA 02152	INSURER(S) AFFORDING COVERAGE INSURER A : Peerless Insurance Co NAIC # 24198 INSURER B : Charter Oak Fire Insurance Co. 25615 INSURER C : Hartford Insurance INSURER D : Illinois Union Insurance Company INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		GL1054924	05/26/2017	05/26/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA-7A32401116	09/10/2016	09/10/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	08WECEK1537	09/25/2016	09/25/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Liquor Liability	X		LQRMAF111502994002	05/26/2017	05/26/2018	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Barbeque restaurant & catering
James Economides & Chris Thompson are excluded from Workers Compensation coverage.

Re: Wedding at Whittemore Robbins House, 6/17/17

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington 730 Massachusetts Avenue Arlington, MA 02476	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Andrew D. Schuch</i>
--	--



Town of Arlington, Massachusetts

Appointment of New Election Workers: (1) Sheryl Emerson, 205 Spring Street, U, Precinct 8

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	Master_Record_Election_Worker.pdf	Master Record

ELECTION WORKER'S MASTER RECORD

Date: 5/24/17

Check One: ✓ New Employee
 Change to Existing Employee

Vendor #	_____	Position	INSPECTOR
Name:	SHERYL EMERSON	Democrat	_____
Address:	205 Spang St.	Republican	_____
	_____	Unenrolled	✓
Zip Code	02476	Precinct	8
Alpha/ Last Name	_____	Phone #	781-646-0483

Position Codes:

10 – Warden	60 – Deputy Clerk
20 – Deputy Warden	70 – Teller
30 – Inspector	80 – Substitute
40 – Deputy Inspector	90 – Custodian
50 – Clerk	



Town of Arlington, Massachusetts

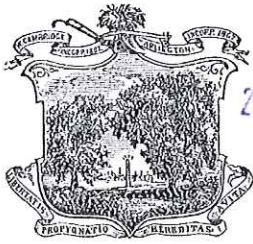
Arlington Historic District Commissions (Realtor)

Summary:

Nellie Aikenhead (term to expire 6/30/2020)

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	N._Aikenhead_appt..pdf	Reference



RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA 02476
2017 MAY 18 PM 12:31

ARLINGTON HISTORIC DISTRICT COMMISSIONS

c/o Planning & Community Development

Attn: AHDC

Carol Greeley, Executive Secretary

730 Mass. Ave.

Arlington, MA 02476

May 8, 2017

Board of Selectmen
c/o Marie Krepelka
Town Hall, 2nd floor
730 Mass. Ave.
Arlington, MA 02476

Re: Notice of Resignations and Nomination of new Commissioner to fill vacant Realtor seat on the Arlington Historic Districts Commission

Dear Ms. Krepelka,

The Arlington Historic Districts Commission (AHDC) has recently received notices of resignation from two Commissioners, Mr. Jonathan Nyberg and (very recently) Ms. Jade Cummings. Mr. Nyberg was the AHDC Realtor representative and Ms. Cummings was the Central Street District representative. The AHDC would like to thank both Jonathan and Jade for their service to the Commissions and the Town.

In addition, per requirements of the Town's HDC bylaw, we have sought a recommendation for a replacement for the Realtor position from the Greater Boston Real Estate Board, the local Board of Realtors covering Arlington. That Board recently forwarded its nomination of Ms. Nellie Aikenhead for this position. (GBRB Letter and Ms. Aikenhead's Resume are attached). We have met with Ms. Aikenhead and feel that she has strong qualifications related to AHDC's mission to preserve and protect Arlington's historic resources located within local historic districts. As detailed in the attached materials, Ms. Aikenhead is a resident of Brantwood Road and, in addition to her work as a realtor, she has been active in historical preservation and land conservation.


Based on these qualifications, the AHDC voted unanimously at its March meeting to forward a recommendation to the Board of Selectmen, as the appointing authority for the AHDC, that they appoint Ms. Aikenhead to the Commissions as the Realtor Representative.

We intend to solicit interest in the recently vacated Central Street District position and will forward our recommendation to the Selectmen as soon as possible.

Sincerely,


Stephen Makowka
Chair, AHDC

cc: Carol Greeley (Exec. Secretary), John Worden (Secretary)



GREATER BOSTON
ASSOCIATION
OF REALTORS®

A local chapter of the
Massachusetts and National
Association of REALTORS®
and largest division of GBREB.

February 1, 2017

Mr. John L. Worden, III, Secretary
Arlington Historic District Commission
50 Congress Street, Suite 925
Boston, MA. 02109

Dear Mr. Worden,

At your request and under the terms of the Town of Arlington Bylaws, I am writing to nominate real estate broker Ellen "Nellie" Aikenhead, an Arlington resident and broker-owner of Aikenhead Real Estate, LLC in Arlington, for a seat on the Arlington Historic District Commission. It is my understanding that there is vacancy in the seat set aside for a REALTOR® on the Commission, and we believe Ms. Aikenhead is uniquely qualified to represent the real estate brokerage industry on this body.

Specifically, she has been a member of our association since February 2010, and is an active member in good standing, having completed our organization's required professional standards courses and she has no ethics complaints or violations on her record. Notably, Nellie owns and resides in a home designated as historic by the town, is a current board member of the Arlington Land Trust, and has been involved in the nearly a half dozen restoration projects which have included preservation of historic structures and/or landscapes. Finally, she has acted as a conservation consultant for numerous real estate projects over a period of more than a dozen years.

In speaking with other REALTORS® in Arlington, it's clear she is well-regarded by her colleagues in the local housing industry. Our association recommends her without reservation for the REALTOR® seat on the town's historic district commission. For your reference, I have enclosed a brief resume outlining Ms. Aikenhead's experience and qualifications for the position. If you have any questions, please feel free to contact me directly at 617-399-7854.

Sincerely,



John Dulczewski
Executive Director

cc: Greg Vasil, Chief Executive Officer, Greater Boston Real Estate Board



Melody Skye Roloff
President

Marie Presti
President-Elect

James Major
Vice President

Jason Gell
Treasurer

One Center Plaza, Mezzanine Suite, Boston, MA 02108 ♦ Tel: 617-423-8700 ♦ Fax: 617-338-2600 ♦ www.gbar.org

68 Main Street, Reading, MA 01867 ♦ Tel: 781-944-6006 ♦ Fax: 781-944-1720 ♦ www.gbar.org



NELLIE AIKENHEAD

54 Brantwood Road, Arlington, MA 02476 •

EDUCATION AND CREDENTIALS

YALE SCHOOL OF FORESTRY AND ENVIRONMENTAL STUDIES • Master of Environmental Science
UNIVERSITY OF VERMONT • Bachelor of Science, Business Administration/Finance
LICENSED MASSACHUSETTS REAL ESTATE BROKER
AIKENHEAD REAL ESTATE LLC • Owner
NORTH BENNETT STREET SCHOOL • Certification in Carpentry
ARLINGTON LAND TRUST • Board Member

RESIDENTIAL REAL ESTATE

- Residential Real Estate: Work with buyers and sellers on residential real estate transactions, split approximately equally between Arlington and the surrounding communities. Top producing agent at Avenue3 Real Estate 2012-2015. Founded Aikenhead Real Estate in 2016.
- Restoration Projects: Purchase, restore and resell approximately one older home per year, maintaining interior and exterior historic elements insofar as possible.

LAND CONSERVATION CONSULTING

Provide conservation and real estate consulting services for a variety of clients, including landowners, land trusts, and community preservation committees interested in or working on land conservation projects. Grant writing, project structuring, negotiations, and preparation of conservation restrictions.

PAST EXPERIENCE - THE TRUST FOR PUBLIC LAND, BOSTON, MASSACHUSETTS

From 1995 to 2009, structured and led successful multi-faceted conservation real estate projects from start to finish on behalf of landowners, municipalities, state and federal agencies, and land trusts. Preserved 1,400 acres, with a value of more than \$50 million, for farmland, drinking water protection, recreation, and historic preservation purposes, working in a lead role with public partners and internal staff. Expertise includes: organizational revenue generation, coalition building, communication and public speaking, public and private fundraising, negotiating, contracts and agreements, property valuation, grant writing.

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
KEVIN F. GREELEY
DIANE M. MAHON
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

May 22, 2017

Nellie Aikenhead
54 Brantwood Road
Arlington, MA 02476

Re: Appointment: Arlington Historic District Commissions

Dear Ms. Aikenhead:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2nd Floor, 730 Massachusetts Avenue, on Monday, June 5th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Mary Ann or Fran at the above number.

Thank you.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script, reading "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr



Town of Arlington, Massachusetts

Request: Common Victualler and All Alcohol Licenses Transfer

Summary:

Jimmy's Steer House, 1111 Massachusetts Ave., Antonios P. Karapatsas

ATTACHMENTS:

Type	File Name	Description
▢ Reference Material	application___inspection_reports_2.pdf	application and inspection reports 2

LICENSE APPLICATION REPORT

Type of License: Common Victualler and All Alcohol Licenses

Name of Applicant: Antonios P. Karapatsas d/b/a Jimmy's Steer House

Address: 111 Massachusetts Avenue

The following Departments have no objections to the issuance of said license:

- Police x
- Fire
- Health
- Building
- Planning

The following Departments have no objections but have made comments or conditions regarding the issuance of said license: (see attached)

- Police
- Fire x
- Health x
- Building x
- Planning x

The following Departments have objections to the issuance of said license:
(see attached)

- Police
- Fire
- Health
- Building
- Planning

From: "Ed DeFrancisco" <EDeFrancisco@town.arlington.ma.us>
To: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>
Date: 05/26/2017 03:58 PM
Subject: Jimmy's Steer House

Hi MaryAnn, I am out next week and it looks like you need this soon. I was not able to speak with Antonios but I did some background checks and there is not any public safety reasons to object to the licensing.

Thanks

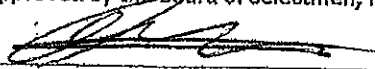
Ted

Inspector DeFrancisco
Criminal Investigations Bureau
Arlington PD
781-316-3948

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:



Date: 6/1/17

From: John Kelly (Fire Dept) <JKelly@town.arlington.ma.us>
To: "MaryAnn Sullivan" <MSullivan@town.arlington.ma.us>
Date: 05/23/2017 09:12 AM
Subject: Re: Inspection Request Report-Jimmy's Steer House

I inspected this recently for their alcohol license. Fire is good for the transfer - no need to inspect

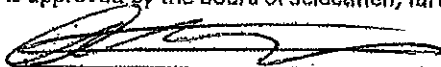
Thanks

JK

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:



Date:

6/1/17



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Selectmen
From: Natasha Waden, Health Compliance Officer
Date: May 31, 2017
RE: Board of Health Comments for Selectmen's Meeting on June 5, 2017:

Please accept the following as comments from the Office of the Board of Health:

Jimmy's Steer House-1111 Massachusetts Avenue
Common Victualler

- This establishment has contacted the Health Department and is the process of completing the plan review application. A permit will not be issued until plans are approved and a final pre-operational inspection has been conducted to ensure the establishment is in compliance with the Food Code.*

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:

Date: 6/1/17

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, 5.31.2017
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 1111 Mass. Ave
Applicant's Name: Antonios P. Karapatsas
D/B/A: Jimmy's Steer House
Telephone: 781 910-8848
Department: Sent Interoffice Mail & E-mail

Date: 5/31/20

MEETING DATE: 6.5.17

Inspected By:

RE: COMMON VICTUALLER & ALL ALCOHOL LICENCE

Police
Fire
Board of Health
Building
Planning

Comments by each Division or Department:


• We have no objection of the issuance of this Liscences.

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:



Date:

6/1/17

**BOARD OF SELECTMEN
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, 5.31.17
ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.

Location: 1111 Mass. Ave
Applicant's Name: Antonios P. Karapatsas
D/B/A: Jimmy's Steer House
Telephone: 781 910-8848
Department: Sent Via E-mail

Date: 5.23.17

MEETING DATE: 6.5.17

Inspected By:

RE: COMMON VICTUALLER & ALL ALCOHOL LICENSE

Police

Fire

Board of Health

Building

Planning --All Carter, Economic Development Coordinator

INSPECTION REPORT SECTION:

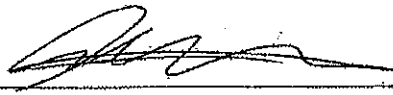
The application is for a simple transfer of license to a manager of the restaurant who has been in charge of its operation for over 35 years. The business is located in a B4 zoning district and remains an appropriate use

The Department has no objection to the issuance of a Common Victualler license and all alcohol to this business.

Any changes in signage, including signs in the window, and changes to the façade of the building may be subject to review by this Department. The Applicant is reminded that all signs, including re-lettering of the existing signs, require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: 

Date: 6/1/17

OFFICE OF THE BOARD OF SELECTMEN

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908

(781) 316-3020
(781) 316-3029 fax

\$60.00 Filing Fee

APPLICATION

☒ COMMON VICTUALLER LICENSE

☐ FOOD VENDOR LICENSE (Take Out Only)

You must complete an application packet from the Board of Health Department located at 27 Maple St.

You must have the completed application reviewed by the Inspections Department located at 51 Grove St. before filing this application with this office

Location 1111 Massachusetts Ave
Name of Applicant Antwanis P Karapatsas
Corporate Name (if applicable) Old Arlington Restaurant Inc
D/B/A Jimmy's Steer House
Date 05/23/17

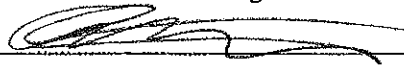
I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name 

Signature Name _____

Phone: 781-910-8848 Email: tonyk3254@gmail.com

smurphy@americanfoodsystems.com

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name <u>Antonios P. Karapatsas</u>	Name _____
Address <u>209 Salem Street</u>	Address _____
City <u>Wilmington, MA</u> Zip <u>01857</u>	City _____ Zip _____
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes _____ No <u>X</u>	Born in the U.S., Yes _____ No _____
Born Where <u>Greece</u>	Born Where _____
Date of Naturalization <u>[REDACTED]</u>	Date of Naturalization _____
Male or Female <u>Male</u>	Male or Female _____
Date of birth <u>[REDACTED]</u>	Date of birth _____
Height <u>5</u> ft. <u>5</u> in.	Height _____ ft. _____ in.
Weight <u>160</u>	Weight _____
Complexion _____	Complexion _____
Hair <u>Black</u> Eyes <u>Brown</u>	Hair _____ Eyes _____
Mother's Name <u>Afstaria</u>	Mother's Name _____
Father's Name <u>Panagiotis</u>	Father's Name _____
Wife's Maiden Name <u>MASAS</u>	Wife's Maiden Name _____
Photo <u>1 inch by 1 inch</u>	



The Establishment shall operate as:

☐ Sole Ownership ☐ Partnership ☐ Total Number of Partners ☒ Corporation Based in MA
(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required:

President <u>Antonios P. Karapatsas</u>		
Secretary <u>Anastasios Chronopoulos</u>		
Treasurer <u>Peter Karapatsas</u>	<u>1-A Anderson Drive</u>	<u>Methuen MA 01844</u>
Name	Address	Zip

INFORMATION RELATIVE TO APPLICATION

Breakfast

Yes No ☒

Lunch

Yes ☒ No

Dinner

Yes ☒ No

Do you own the property? Yes No ☒ Tenant At Will ☒ Lease 15 years

Hours of Operation:

Day Mon-Sat Hours 11:00 am - 12 Midnight

Day Sunday Hours 12 noon - 12 Midnight

Day Hours

Floor Space Sq. Ft. Seating Capacity (if any) 236

Parking Capacity (if any) spaces Number of Employees 81

List Cooking Facilities (and implements)

Full Service Kitchen

Will a food scale be in use for sale of items to the public? Yes No ☒

Will catering services be provided by you? Yes No ☒

A copy of the following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures
2. Site Plan (obtained at Bldg. Dept., 51 Grove St.)
3. Outside Facade and Sign Plan (dimensions, color)
4. Menu
5. Maintenance Program

If the facilities are not yet completed, provide estimated cost of work to be done \$

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date Time

Board Action: Approved Yes No

APPLICANT'S RESUME

Food Business Experience of Applicant

From 02/02/1973 to Present
 Employee Americaw Food Systems Inc D/B/A _____
 Sole Owner _____ Location _____
 Partnership _____ Type Food Restaurant Management
 Corporation ✓ Number of Employees _____

From _____ to _____
 Employee _____ D/B/A _____
 Sole Owner _____ Location _____
 Partnership _____ Type Food _____
 Corporation _____ Number of Employees _____

List any other information that you feel will assist in the review of this application.

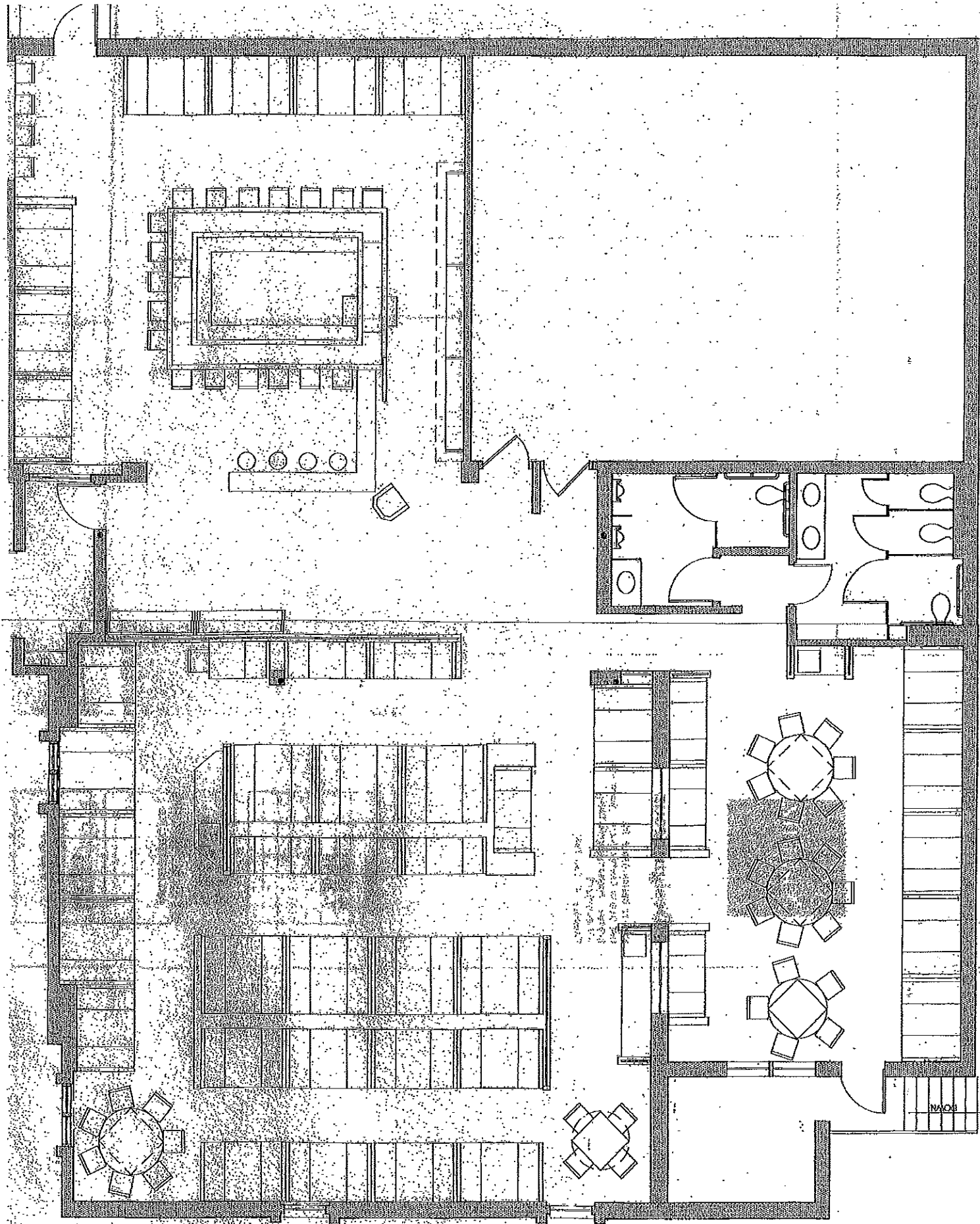
Antonio is the director of operations and has been so
for over 35 years. He has been in charge of restaurant
operations for 6 other entities as well.

REFERENCES

Bank Eastern Bank Type Account Personal Business ✓
 Address 605 Broadway St. N. S. 1000 Phone 781-581-4261
 Account Number [REDACTED] Contact JACOB WARD
 Personal Reference [REDACTED]
 Address _____ Phone _____
 Prior Employer _____
 Address _____ Phone _____
 Number of years employed _____ From _____ To _____
 Contact _____ Position Held _____
 Other _____

Name

Address





The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

**AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR
TRANSFER/ISSUANCE OF STOCK**

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF LICENSEE (Business Contact)	Old Arlington Restaurant, Inc. d/b/a Jimmy's Steer House
ABCC License Number	003000006
City/Town of Licensee	Arlington

2. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name:	Joseph	Middle:	J	Last Name:	Brodigan
Title:	Attorney	Primary Phone:	(617) 542-1871		
Email:	jbrodigan@brodiganlaw.com				

3. BUSINESS CONTACT

Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name:					
Primary Phone:		Fax Number:			
Alternative Phone:		Email:			

Business Address (Corporate Headquarters)

Street Number:	30	Street Name:	B Street		
City/Town:	Burlington	State:	MA		
Zip Code:	01803	Country:			

Mailing Address

☒ Check here if your Mailing Address is the same as your Business Address

Street Number:		Street Name:			
City/Town:		State:			
Zip Code:		Country:			

**AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR
TRANSFER/ISSUANCE OF STOCK**

4. CURRENT OWNERSHIP (Before Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license. This pertains to the current licensee (before change in beneficial interest occurs).

Name	Title / Position	% Owned	Other Beneficial Interest
Mark Mliminos	President	50%	See Attached
James Mliminos	Vice President/Treasurer	50%	See Attached

PROPOSED OWNERSHIP (After Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.

An individual or entity has a direct beneficial interest in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.

An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the license's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jane Doe has an indirect interest in the license.

A. All individuals listed below are required to complete a Beneficial Interest Contact - Individual form.

B. All entities listed below are required to complete a Beneficial Interest Contact - Organization form.

C. Any individual with any ownership in this license and/or the proposed manager of record must complete a CORI Release Form.

Name	Title / Position	% Owned	Other Beneficial Interest
Step1 - Capital Stock Exchange to			
American Food Holding, Inc.			
Mark Mliminos	President	34%	see attached
James Mliminos	Treasurer	34%	see attached
Nikiforis Mliminos	Director	17%	see attached
Antonios P. Karapatsas	Director	15%	see attached
Step - Capital Stock Sale to			
Karapatsas Holding Company, Inc.			
Antonios P. Karapatsas	President/Director	100%	see attached

APPLICANT'S STATEMENT

I, Mark Mimos the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member
Authorized Signatory

of Old Arlington Restaurant, Inc./Jimmy's Ste, hereby submit this application for APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OF
Name of the Entity/Corporation Transaction(s) you are applying for

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:

Mark Mimos

Date:

May 1, 2017

Title:

President



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

AMENDEMENT APPLICATION FOR A PLEDGE OF COLLATERAL

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF LICENSEE (Business Contact)

OLD ARLINGTON RESTAURANT, INC. d/b/a/ JIMMY'S STEER HOUSE

ABCC License Number

003000006

City/Town of Licensee

ARLINGTON

2. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: Joseph

Middle: J

Last Name: Brodigan

Title: Attorney

Primary Phone: 617-541-1871

Email: jbrodigan@brodiganlaw.com

3. BUSINESS CONTACT

Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name:

Primary Phone:

Fax Number:

Alternative Phone:

Email:

Business Address (Corporate Headquarters)

Street Number: 1111

Street Name: Massachusetts Avenue

City/Town: Arlington

State:

MA

Zip Code: 02476

Country:

USA

Mailing Address

☐ Check here if your Mailing Address is the same as your Business Address

Street Number: 30

Street Name: B Street

City/Town: Burlington

State:

MA

Zip Code: 01803

Country:

USA

4. PLEDGE INFORMATION

Are you seeking approval for a pledge? ☒ Yes ☐ No

To whom is the pledge is being made: American Food Holding, Inc.

Please indicate what you are seeking to pledge (check all that apply)

☒ License ☒ Stock / Beneficial Interest ☐ Inventory

Does the lender have a beneficial interest in this license?

☒ Yes ☐ No

Does the lease require a pledge of this license?

☐ Yes ☒ No

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Antonios (Anthony)	Middle Name	Panagiotis	Last Name	Karapatsas	Suffix	
Title:	Owner		Social Security Number				Date of Birth		
Primary Phone:	781-910-8848		Email:		tonyk3254@gmail.com				
Mobile Phone:	781-910-8848		Fax Number		781-273-0393				
Alternative Phone:	781-273-3230 ext 610								

Business Address

Street Number:	1111	Street Name:	Massachusetts Ave
City/Town:	Arlington	State:	MA
Zip Code:	02476	Country:	USA

Mailing Address

☐ Check here if your Mailing Address is the same as your Business Address

Street Number:	30	Street Name:	B Street
City/Town:	Burlington	State:	MA
Zip Code:	01803	Country:	USA

Types of Interest (select all that apply)

<input type="checkbox"/> Contractual	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Landlord	<input type="checkbox"/> LLC Manager
<input type="checkbox"/> LLC Member	<input type="checkbox"/> Management Agreement	<input checked="" type="checkbox"/> Officer	
<input type="checkbox"/> Partner	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Stockholder
			<input type="checkbox"/> Other

Citizenship / Residency Information

Are you a U.S. Citizen? ☒ Yes ☐ No

Are you a Massachusetts Resident? ☒ Yes ☐ No

Criminal History

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, please provide an affidavit explaining the charges.

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest


Using the definition above, do you hold a direct ☒ Direct ☐ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
KARAPATSAS HOLDING COMPANY, INC.	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
SEE ATTACHEMENT A			

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest
NONE			

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
3/24/2016	Old Waltham Restaurant Inc	MA	Waltham	suspension - serving minor - 1 day no alcohol
				restaurant remained open - 2 day suspended.

ATTACHMENT A
 Antonios P Karapatsas
 Other Beneficial Interest

Name of License	Type of License	Type of License	License Number	Premises Address
Old Andover Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages	002600011	207 North Main Street, Andover MA 01810
Old Arlington Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages	003000006	1111 Massachusetts Ave, Arlington MA 02476
Old Lexington Restaurant Inc	\$12 On Premises	Wine and Malt Beverages	061200042	1733 Massachusetts Ave, Lexington MA 02420
Old Saugus Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages	107800004	114 Broadway, Saugus MA 01906
Old Shrewsbury Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages	111600077	50 Boston Turnpike, Shrewsbury MA 01545
Old Waltham Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages	132000013	878-888 Lexington Street, Waltham, MA 02452

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation	<input type="text"/>	First Name	<input type="text" value="Peter"/>	Middle Name	<input type="text" value="A"/>	Last Name	<input type="text" value="Karapatsas"/>	Suffix	<input type="text"/>
Title:	<input type="text" value="Member of the Board of Entity"/>		Social Security Number		<input type="text" value="REDACTED"/>		Date of Birth		
Primary Phone:	<input type="text" value="978-809-9918"/>		Email:		<input type="text" value="peterkaras84@gmail.com"/>				
Mobile Phone:	<input type="text" value="978-809-9918"/>		Fax Number		<input type="text"/>				
Alternative Phone:	<input type="text"/>								

Business Address

Street Number:	<input type="text" value="1111"/>	Street Name:	<input type="text" value="Massachusetts Avenue"/>
City/Town:	<input type="text" value="Arlington"/>	State:	<input type="text" value="MA"/>
Zip Code:	<input type="text" value="02476"/>	Country:	<input type="text" value="USA"/>

Mailing Address

☐ Check here if your Mailing Address is the same as your Business Address

Street Number:	<input type="text" value="30"/>	Street Name:	<input type="text" value="B Street"/>
City/Town:	<input type="text" value="Burlington"/>	State:	<input type="text" value="MA"/>
Zip Code:	<input type="text" value="01803"/>	Country:	<input type="text" value="USA"/>

Types of Interest (select all that apply)

<input type="checkbox"/> Contractual	<input type="checkbox"/> Director	<input type="checkbox"/> Landlord	<input type="checkbox"/> LLC Manager
<input type="checkbox"/> LLC Member	<input type="checkbox"/> Management Agreement	<input checked="" type="checkbox"/> Officer	
<input type="checkbox"/> Partner	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Other

Citizenship / Residency Information

Are you a U.S. Citizen?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you a Massachusetts Resident?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Criminal History

Have you ever been convicted of a state, federal, or military crime?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, please provide an affidavit explaining the charges.
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ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or Indirect Interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an Indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an Indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Karapatsas Holding Company, Inc.	[REDACTED]

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for all individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

Salutation		First Name	Anastasios	Middle Name	N	Last Name	Chronopoulos	Suffix	
Title:	Member of the Board of Entity		Social Security Number		[REDACTED]		Date of Birth		[REDACTED]
Primary Phone:	617-694-6916		Email:						
Mobile Phone:	617-694-6916		Fax Number						
Alternative Phone:									

Business Address

Street Number:	1111	Street Name:	Massachusetts Avenue
City/Town:	Arlington	State:	MA
Zip Code:	02476	Country:	USA

Mailing Address

☐ Check here if your Mailing Address is the same as your Business Address

Street Number:	30	Street Name:	B Street
City/Town:	Burlington	State:	MA
Zip Code:	01803	Country:	USA

Types of Interest (select all that apply)

<input type="checkbox"/> Contractual	<input type="checkbox"/> Director	<input type="checkbox"/> Landlord	<input type="checkbox"/> LLC Manager
<input type="checkbox"/> LLC Member	<input type="checkbox"/> Management Agreement	<input checked="" type="checkbox"/> Officer	
<input type="checkbox"/> Partner	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Stockholder
			<input checked="" type="checkbox"/> Other

Citizenship / Residency Information

Are you a U.S. Citizen?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Are you a Massachusetts Resident?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Criminal History

Have you ever been convicted of a state, federal, or military crime?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, please provide an affidavit explaining the charges.
--	---	---

ALCOHOLIC BEVERAGES CONTROL COMMISSION

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest


Using the definition above, do you hold a direct ☐ Direct ☒ Indirect or indirect interest in the proposed licensee?

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN
Karapatsas Holding Company, Inc.	

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	ABCC License Number	Type of Interest (choose primary function)	Percentage of Interest

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGE LICENSE

BENEFICIAL INTEREST - Organization

Please complete a Beneficial Interest - Organization sheet for all organization(s) who have a direct or indirect beneficial interest, with or without ownership, in this license.

Example:

ABC Inc. is applying for a liquor license. ABC Inc. is 100% owned by XYZ Inc., which is 100% owned by 123 Inc. XYZ Inc. is considered to have a direct beneficial interest in the proposed licensee (ABC Inc.) and 123 Inc. is considered to have indirect beneficial interest in the proposed licensee (ABC Inc.). Both XYZ Inc. and 123 Inc. should complete a Beneficial Interest - Organization Form.

Entity Name: FEIN:

Primary Phone: Fax Number:

Alternative Phone: Email:

Business Address

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

Mailing Address

☒ Check here if your Mailing Address is the same as your Business Address

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

Publicly Traded

Is this organization publicly traded? ☐ Yes ☒ No

Ownership / Interest

Using the definition above, does this organization hold a direct or indirect interest in the proposed licensee? ☒ Direct ☐ Indirect

If this organization holds a direct beneficial interest in the proposed licensee, please list the % of interest it holds.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table on the next page.

Ownership / Interest

If this organization holds an indirect interest in the proposed licensee, please list the organization(s) it holds a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

Name of Beneficial Interest - Organization	FEIN

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest this entity has in any other Massachusetts Alcoholic Beverages License(s).

Name of License	Type of License	License Number	Premises Address
SEE ATTACHEMENT A			

Prior Disciplinary Action

Has this entity ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation
	NONE			

ATTACHMENT A
 Antonios P Karapatsas
 Other Beneficial Interest

Name of License	Type of License	Type of License	Type of License	License Number	Premises Address
Old Andover Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages		002600011	207 North Main Street, Andover MA 01810
Old Arlington Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages		003000006	1111 Massachusetts Ave, Arlington MA 02476
Old Lexington Restaurant Inc	\$12 On Premises	Wine and Malt Beverages		061200042	1733 Massachusetts Ave, Lexington MA 02420
Old Saugus Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages		107800004	114 Broadway, Saugus MA 01906
Old Shrewsbury Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages		111600077	50 Boston Turnpike, Shrewsbury MA 01545
Old Waltham Restaurant Inc	\$12 On Premises	All Kinds of Alcoholic Beverages		132000013	878-888 Lexington Street, Waltham, MA 02452

Alcohol Service Policy

Jimmy's Steer House is committed to responsible alcohol service. Bartenders and servers are responsible for who they serve and must always be cautious.

It is illegal to serve alcohol to a person under the age of 21, to serve a guest who is or appears to be intoxicated, or to allow a person to become intoxicated on the premises. Anyone who appears to be under 30 years old must be asked for identification before they are served alcohol; serving a guest that is under 21 and/or failure to check the ID of a person that appears to be under age 30 will result in immediate termination.

Before serving alcohol to any guest, the server/bartender must adequately determine, through conversation and/or observation, that the person is not intoxicated. Always notify a manager if you suspect a guest is intoxicated. Serving an intoxicated guest or serving a guest to the point of intoxication is grounds for immediate termination as well. All employees will be TIPS or comparable alcohol awareness trained prior to being allowed to serve alcoholic beverages.

The only Acceptable forms of ID we accept are:

- State-issued driver's license
- State-issued ID card
- Passport
- Military ID

All out of state identification must be validated with a second form of identification and must be presented to the manager to be scanned with a black light scanner and compared to the current ID checking guide. Always notify a manager if you are unsure whether an ID is valid and/or genuine.

Employee Name (please print): _____

Employee Signature: _____ Date: _____

Managers Signature: _____ Date: _____

Alcohol Service Policy

In addition to our commitment to exceptional service and dining, Jimmy's Steer House is committed to providing responsible alcohol service. Bartenders and servers are responsible for who they serve and must always be cautious. All employees will be TIPS or comparable alcohol awareness trained prior to being allowed to serve alcoholic beverages.

It is illegal to serve alcohol to a person under the age of 21, to serve a guest who is or appears to be intoxicated, or to allow a person to become intoxicated on the premises. Anyone who appears to be under 30 years old must be asked for identification before they are served alcohol; serving a guest that is under 21 and/or failure to check the ID of a person that appears to be under age 30 will result in immediate termination.

Before serving alcohol to any guest, the server/bartender must adequately determine, through conversation and/or observation, that the person is not intoxicated. Always notify a manager if you suspect a guest is intoxicated. Serving an intoxicated guest or serving a guest to the point of intoxication is grounds for immediate termination.

The only Acceptable forms of ID we accept are:

- State-issued driver's license
- State-issued ID card
- Passport
- Military ID

All out of state identification must be validated with a second form of identification and must be presented to the manager to be scanned with a black light scanner and compared to the current ID checking guide. Always notify a manager if you are unsure whether an ID is valid and/or genuine.

When checking IDs, we must ensure they are **valid**, **genuine** and **belong to the guest**.

To be **valid**, an ID must:

- Contain the owner's birthdate
- Be current (not expired)
- Contain the owner's signature
- Contain the owner's photo
- Be intact (lamination is not split or cracked, no bubbles)

To ensure an ID is **genuine**; it must match certain specifications listed in your ID checking guide:

- Proper text (correct font, properly spaced)
- Proper images (holograms, ghost photos, etc.)
- Proper number of letters/numbers in the license number
- Clear photo
- State-specific information on the back of the ID (not blank)

To ensure the ID belongs to the guest:

- Compare the photo on the ID to the guest, focusing on features that are less likely to change like their chin, shape of their face and their hairline
- Compare the guest to physical characteristics listed on the ID (height, weight, etc.)

Be aware of the signs of intoxication:

Relaxed inhibitions: a guest may be overly friendly, use foul language, become loud, make rude comments or be unfriendly, depressed or quiet.

Impaired judgment: a guest may begin drinking faster or switch to larger or stronger drinks, make irrational or argumentative statements, become careless with money (buy drinks for strangers)

Slowed reaction time: a guest may talk or move slowly, be unable to concentrate, lose their train of thought or become forgetful. They may also become drowsy, glassy-eyed, or unable to focus.

Impaired motor coordination: a guest may stagger, stumble, fall down, bump objects or sway when sitting or standing. They may also slur their speech, spill drinks or drop objects and be unable to pick them up.

Prevent intoxication by:

Offering food: This keeps alcohol in the stomach, slowing its absorption into the bloodstream. No guest is allowed to consume more than two alcoholic beverages without consuming substance.

Offering water: Drinking alcohol causes dehydration, making guests thirsty and causing them to drink more than they normally would. Drinking water will off-set this.

Never serve more than one drink at a time --this is a corporate policy.



Town of Arlington, Massachusetts

Verizon Cable Franchise License Amendment

Summary:

Adam W. Chapdelaine, Town Manager

ATTACHMENTS:

Type	File Name	Description
Document for Approval	Arlington_Verizon_Final_License_Amendment_by_PJE_6-1-17.pdf	License Amendment

CABLE TELEVISION FINAL LICENSE AMENDMENT REPORT
TOWN OF ARLINGTON

**REPORT OF THE TOWN OF ARLINGTON
ON THE REQUEST FOR AMENDMENT TO THE
TOWN OF ARLINGTON CABLE TELEVISION FINAL LICENSE**

+ Licensee:

Verizon New England, Inc. (“Verizon”)
185 Franklin Street
Boston, MA 02110

+ Issuing Authority:

The Board of Selectmen
Town of Arlington
Town Hall Annex
730 Massachusetts Avenue
Arlington, Massachusetts 02476

+ Date of the Final License Execution:

March 26, 2007

+ Proposed Effective Date of Final License Amendment:

March 26, 2017

+ Explanation of Final License Amendment:

See below.

CABLE TELEVISION FINAL LICENSE AMENDMENT REPORT
TOWN OF ARLINGTON

Section 2.3---**TERM OF FINAL LICENSE**

+ Description of proposed Amendment:

Section 2.3 has been amended to reflect the fact that the Town of Arlington (the “Town”) and Verizon have agreed to extend the term of the Cable Television Final License until September 26, 2017, or such earlier time that a Renewal License has been executed.

+ Text of amended Section 2.3: The Final License is hereby amended by deleting the section in its entirety and replacing it with the following:

The term of this Final License, with an Effective Date of March 26, 2007, shall be extended to September 26, 2017, at which time it shall expire, or such earlier time that a Renewal License has been executed, unless sooner revoked or terminated as provided herein.

+ Purpose for which the Amendment is being made:

The Town and Verizon have agreed to extend the current Final License term to allow Verizon to continue operating in the Town in accordance with the terms and conditions in the Final License.

+ Date Amendment Received by the Issuing Authority and the Licensee:

March 1, 2017.

+ Probable Effects on Cable Television Subscribers and other Concerned Parties:

Subscribers and other concerned parties will benefit from continued Cable Service(s) provided by Verizon.

CABLE TELEVISION FINAL LICENSE AMENDMENT REPORT
TOWN OF ARLINGTON

SIGNATURE PAGE

In Witness Whereof, this Amendment to the Cable Television Final License is hereby issued by the Board of Selectmen of the Town of Arlington, Massachusetts, as Issuing Authority, and is hereby agreed to by Verizon this 5th day of June, 2017.

THE TOWN OF ARLINGTON
BY: THE BOARD OF SELECTMEN

VERIZON NEW ENGLAND, INC.

BY:



Town of Arlington, Massachusetts

Approval: Letter of Support for Bus Rapid Transit Grant

Summary:

Adam W. Chapdelaine, Town Manager

ATTACHMENTS:

Type	File Name	Description
<input type="checkbox"/> Reference Material	Letter.pdf	Letter

OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR
STEVEN M. BYRNE, VICE CHAIR
DIANE M. MAHON
KEVIN F. GREELEY
DANIEL J. DUNN



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
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TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

June 5, 2017

Boston BRT Pilot Program
c/o Barr Foundation

RE: Boston BRT RFP letter of support

Dear Review Committee members:

The Town of Arlington is pleased to submit an application for the Boston BRT Pilot program. The Town is interested in improving transit service along the MBTA Route #77 bus line by applying features of Bus Rapid Transit. Our goal in participating in this Pilot Project is to increase the percentage of residents using transit for their morning commute. We believe this is possible if the commute time can be noticeably shortened. Expediting bus service into Harvard Square and to other Red Line stations could reduce vehicle traffic by encouraging commuters to shift modes.

Our primary interest is to explore intersection treatments at four points along Massachusetts Avenue in Arlington to allow buses to move more quickly through the intersections, saving time and giving buses priority over vehicles. Strategies to address this might include but are not limited to bus signal prioritization and bus queue jumping. The Town is also interested in exploring a dedicated right-of-way. There may be locations where two full lanes exist and are not warranted or where parking is not heavily utilized during the morning peak hour between 6:00 a.m. to 9:00 a.m., when traffic is most congested eastbound toward Cambridge. However, there are a number of bump-outs along Mass. Ave. that would need to be considered in order to realign traffic lanes.

The MBTA #77 bus has the highest ridership in Arlington. The 3-mile route starts at the MBTA busway in Arlington Heights and terminates at Harvard Station in Cambridge. The total length of the bus route through Arlington and Cambridge is 5.5 miles. The #77 has been designated a Key Bus Route by the MBTA, because it is in the top 15 bus routes for ridership

in the entire system. Average daily ridership inbound is 3,641. Significant delays occur at four (4) locations—Lockeland Street (at Arlington High School), Pleasant Street (Arlington Center), Lake Street (East Arlington/ Capitol Square), and Alewife Brook Parkway (Cambridge City Line). The #77, #79 and #350 all travel along this corridor.

Improving bus transit is an important element of the Town's recently-adopted Master Plan (2015). The Traffic and Circulation Element of the Master Plan found that "MBTA buses stack together during peak periods due to congestion and heavy boarding/alighting activity. Routes #77 and #87 are both affected by congestion along the bus routes." (p. 67). The plan recommends that the Town "work with the MBTA to improve service and connections to increase transit ridership". It recommends the Town work to "reduce bus bunching and improve the efficiency of bus service, [by exploring]... the provision of queue jump lanes, bus-only lanes, bus signal prioritization, and real time bus schedule information". (p. 68)

Mass. Ave. in Arlington is the main thoroughfare in the Town, and is also State Routes 3 and 2A in various locations. It has a combination of residential and commercial uses. The #77 bus goes through all three of the Town's main business districts—Arlington Heights, Arlington Center, and East Arlington. The bus route provides connections to shopping and dining, the High School and Middle School, Town Hall, Post Office and two Libraries.

The Town anticipates working closely with the MBTA, the City of Cambridge, and the Department of Conservation and Recreation on this project.

Thank you for this exciting opportunity to apply for assistance to explore improving travel in this corridor through Bus Rapid Transit. If Arlington is designated as a recipient of this assistance we would anticipate using funds to develop a conceptual design, enhance community engagement, fund adaptation of three (3) traffic signals, coordinate with the MBTA, DCR and City of Cambridge, and assist with implementation. We look forward to your favorable response.

Sincerely,

Joseph A. Curro, Jr., Chair
Arlington Board of Selectmen



Town of Arlington, Massachusetts

Discussion: Future BoS Meetings

ATTACHMENTS:

Type	File Name	Description
▣ Reference Material	July_August_calendar.pdf	July - September Calendar

July 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4 Independence Day	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 Labor Day	5	6	7	8	9
10	11	12	13	14	15 Town Night	16 Town Day
17	18	19	20	21 Rosh Hashanah	22	23
24	25	26	27	28	29	30 Yom Kippur



Town of Arlington, Massachusetts

NEW BUSINESS



Town of Arlington, Massachusetts

EXECUTIVE SESSION



Town of Arlington, Massachusetts

Next Scheduled Meeting of BoS June 19, 2017.